

SPECIAL OLYMPICS WAKE COUNTY  
2015 FALL SPORT REGISTRATION FORM

Athlete Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Athlete Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Athlete Email: \_\_\_\_\_ Athlete Phone: \_\_\_\_\_

Parent/Guardian Name & Address: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_ Parent/Guardian Phone: \_\_\_\_\_

Emergency Contact Name & Phone Number: \_\_\_\_\_

**Please indicate which sport(s) the athlete will participate in. Each athlete may only compete in ONE sport.**

	Practice Only	Practice on Own	Competition	*Level/Team
Bocce	_____	NA	_____	_____
Golf – Hole Play	_____	_____	_____	_____
Golf – Skills	_____	NA	_____	NA
Rollerskating	_____	NA	_____	NA
Soccer – Skills	_____	NA	_____	NA
Soccer – Team	_____	NA	_____	_____
Tennis – Court Play	_____	NA	_____	_____
Tennis – Skills	_____	NA	_____	NA

\*Refer to Sport Information for appropriate Level

~Height: \_\_\_\_\_ ~Weight: \_\_\_\_\_ Adult men's T-shirt size (S, M, L, XL, XXL): \_\_\_\_\_

**For Golf/Tennis**

Unified partner/caddy name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please indicate the following for the athlete's participation:**

YES	NO	
_____	_____	Athlete will be available to attend invitational competition in October for respective sport
_____	_____	Athlete will be available to attend SONC Fall Games date November 6-8 in High Point
_____	_____	Athlete will ride transportation provided by City of Raleigh transportation to/from Jaycee Park (2401 Wade Ave Raleigh 27607) for competition(s)
_____	_____	Athlete will stay with delegation in provided hotel in High Point if selected for Fall Games

Athletes with up to date Special Olympics North Carolina Athlete Participation Forms (medicals) **are** insured at practice and competition by Special Olympics North Carolina. The City of Raleigh does not insure participants and requires the following release for using city facilities and vehicles.



## City of Raleigh Release and Indemnity Agreement

I understand that participating in the recreational program(s) selected involves risk of injury. These risks include weather, accidents while traveling, equipment problems or failure, contact with and actions of other participants, slips/trips/falls, and musculoskeletal injuries, among others. I choose for myself or for my child to participate in the selected program(s) despite the risks.

By signing this form, I acknowledge all risks of injury, illness, and death and affirm that I have assumed all responsibility of injury, illness, or death in any way connected with participation in the program(s). I also agree for myself and for any child participant to follow all rules and procedures of the program and to follow all rules and procedures of the program and to follow the reasonable instructions of the teachers and supervisors of the program.

In return for the opportunity to participate in this program, I agree for myself and my heirs, assigns, executors, and administrator to release, waive, and discharge any legal rights I may have to seek payment or relief of any kind from the City, its' employees or its' agents for injury, illness, or death resulting from this program. If I am registering a child for a program, I agree that I am a parent, legal guardian, or am otherwise responsible for the child whose application I am submitting and that I release, waive, and discharge any legal rights that I may assert on behalf of the child participating in the program(s). I also agree not to sue the City, its' employees, or its' agents and agree to indemnify the City for all claims, damages, losses, or expenses, including attorney fees, if a suit is filed concerning an injury, illness, or death to me or to my child resulting from participation in the program(s).

I understand that the City of Raleigh provides no insurance coverage for me. I have read this document thoroughly and understand that by signing this form I am waiving legal rights.

Athlete/Parent/Guardian Name: \_\_\_\_\_

Athlete/Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*If athlete is under 18yo or not their own guardian, Parent/Guardian must sign

### Return by August 21, 2015 to:

Mail: Raleigh Parks, Recreation, and Cultural Resources Department  
Attn: Special Olympics Wake County  
2401 Wade Ave  
Raleigh, NC 27607

Email: [Special.Olympis@raleighnc.gov](mailto:Special.Olympis@raleighnc.gov)

Fax: 919-831-6470

